

Exhibit 26

SCIENCE VOLUNTEER	WARNING SIGNS		DONATE
-------------------	---------------	--	--------



Circulation: Cardiovascular Quality and Outcomes

This site uses cookies. By continuing to browse this site you are agreeing to our use of cookies.

[Click here for more information.](#)



Author Instructions

- [Author Instructions](#)
- [Article Types](#)
- [Manuscript Preparation](#)
- [Revised & Accepted Manuscripts](#)

AHA/ASA Journal Policies

- [Submission Requirements](#)
- [Research Guidelines](#)
- [Figure Guidelines](#)
- [Statistical Recommendations](#)
- [TOP Guidelines](#)
- [Disparities Research Guidelines](#)
- [Prior Publication Policy](#)
- [Open Access Information](#)
- [Public Access Policy](#)
- [Permissions and Rights](#)
- [Embargo Policy](#)
- [Conflict of Interest Procedures](#)
- [Ethical Conduct Policy](#)

Article Types

[Original Research](#) | [Review Articles](#) | [Commentary/Opinion](#) | [Article Comment](#)

All manuscripts should conform to one of the below article types and authors should note the length restrictions and other eligibility criteria for each type of article. Word limits for each manuscript category include all sections of the manuscript unless otherwise noted. A brief description of each type follows:

Original Research Articles

Original Research Articles: The core of *Circulation: Cardiovascular Quality and Outcomes* is scholarship that spans the entire spectrum of outcomes research. Quantitative, qualitative, mixed methods, economic and health policy research, among others, will be welcome. To be competitive for publication, the research questions must be strong and consequential and the methods and writing should be outstanding. Original articles should be limited to 7,000 words (including text, title page, references, figure legends, and tables), 50 references, and 8 figures. A structured abstract of ≤ 300 words should be provided.

Data Reports: The journal will devote space to data reports, similar to the MMWR-type contribution. We will aim for rapid publication of relevant data that can be condensed to 1500 words, not more than one table or figure, and 10 or fewer references. These articles should contain a brief Introduction, a "Methods and Results" section, and a "Comment" section. Supplemental material can be included.

Research Letters: Original research articles of a focused nature will also be considered for publication in a special section of the journal. These focused research letters must not exceed 800 words and 5 references, and can include only 1 figure or table. No supplemental materials or abstract should be included. Research Letters will be peer reviewed in a manner identical to original research articles. Please Note: Supplemental Data is not allowed for this article type.

Care Innovations: These articles are intended to serve as brief descriptions and provide preliminary data for novel initiatives to improve processes of care and/or outcomes of patients with cardiovascular diseases. The text of the manuscript should be limited to 2000 words, with up to 5 references and 1 table or figure. If there were resources or tools that helped make the initiative successful, we encourage the authors provide these innovation tools as an online appendix or supplemental material. The Care Innovations article should be structured as follows:

1. **Goals and Vision of the Program:** What is the importance of the initiative to patient outcomes? Does it resonate with national goals for elevating the quality of care? What data exists regarding current gaps in performance?
2. **Local Challenges in Implementation:** In this section, we encourage authors to discuss the challenges in achieving the program's vision. What obstacles needed to be overcome? How were these challenges conceptualized and addressed?
3. **Design of the Initiative:** How did the authors design an approach to achieve the goals of the program and to be responsive to the local challenges?
4. **Implementation of the Initiative:** How was the program implemented and what was the success of the implementation? What was the adoption and were any barriers observed?

5. **Success of the Initiative:** What was the reach of the initiative? How did the initiative impact the care and outcomes of patients in the clinical setting? What changed following the implementation? How was the initiative maintained following the initial implementation?
6. **Translation to Other Settings:** How can this initiative translate to other settings? What are the core components that are needed and what are potentially modifiable components of the intervention?
7. **Summary of the Experience, Future Directions and Challenges:** Were the results of the initiative satisfactory? What future work is needed to better attain the original goals and vision for the program? How did this experience highlight new challenges and obstacles to be overcome?

Methods Papers: The journal will consider two types of Methods papers.

- The first type is an article about methods. This type of article may contrast/compare methods for making inferences. These articles may address methodological innovation (e.g., development of new health status measures, assessment of performance measures, techniques for quantifying direct and indirect costs, new analytic approaches to integrate survival, health status and costs). The journal will be transdisciplinary in its orientation and will welcome contributions that bring into focus the methods of a wide range of fields as they apply to outcomes research. **As we wish to make these methods more generalizable and accessible to readers, we ask that authors prepare a supplementary appendix that provides statistical code (when appropriate) in their submission to readers.**
- The other type describes methods for planned observational studies, clinical registries, and clinical trials. We will accept these types of papers in unusual circumstances in which they exhibit clear innovation in advancing the science of research, rather than simply documenting the methods of a particular study or data collection effort.

Review Articles

Frontiers in Cardiovascular Quality and Outcomes: The goal of papers in the Frontiers series is to help our readers simultaneously understand both the prior work and emerging landscape and challenges within crucial areas of importance in cardiovascular health services and policy research. Articles in the Frontiers series should be limited to 7000 words, 8 figures, and 100 references. We recommend that interested authors send presubmission inquiries to circ@circulationjournal.org.

Commentary/Opinion

Editorials: The editors will solicit all editorials. Instructions pertaining to the writing of an editorial will be included with the request from the editorial office.

Cardiovascular Perspectives: These articles express opinions about various aspects of clinical decision-making and health care delivery, with an emphasis on challenging dogma and conventional wisdom—as well as pieces that propose solutions to the challenges of cost, quality and access. We will consider and encourage contributions that provide point-counterpoint on specific topics or

challenge current ways of approaching issues in medicine. Articles in this series should be limited to 1500 words of text, 10 references, 2 display items (figures or tables), and should have a maximum of 4 authors.

Murmurs: Murmurs is a case-based series focused on describing the gaps and opportunities for improving healthcare quality through stories. These articles should be written as narrative exercises that include a succession of short descriptions (ie, aliquots) followed immediately by brief commentaries that highlight the haphazard journeys of patients through the healthcare system. They should be developed collaboratively across a team of authors that ideally involve fellows, early-career faculty, and clinical experts with experiences in healthcare quality. Cases should be initiated using real-world examples that are then adapted to underscore fundamental quality of care lessons that are supported by the literature; details of specific individuals or institutions should be obscured. Articles in this series should be limited to 2000 words of text, 10 references, and two display items (figures or tables). **Please note:** *Authors interested in submitting to this series should send a presubmission inquiry to the editors (circ@circulationjournal.org)*

Caregiver or Patient Viewpoints: The purpose of this series is to further understanding of patients' experience of cardiovascular disease. These articles will be written by patients, or by their family members, caregivers, or friends. The articles will explore the effects of illness and treatment on patients' lives and on their relationships with family, friends, caregivers, and health care providers. They will often discuss aspects of a condition that are important to patients but may not be fully appreciated by clinicians. We are especially interested in publishing viewpoints that contain lessons on the strengths and weaknesses of our health care system. They may, for example, be designed to help health care providers become aware of problems in communication of information, decision making, care coordination, access, cost, timeliness, safety, equity, and quality of care. We prefer patients to be identified, but they may remain anonymous if they wish; please note that if identifiable information is included in the case, then permission would be required. Viewpoints should be written in a conversational style. It is not necessary for viewpoints and their clinical commentaries to have formal references, except as necessary to give proper credit to any sources referred to in the viewpoint. Submissions should be between 1200 and 1500 words. The clinical commentary and the text in accompanying boxes, if applicable, is not included in this word count. Authors are encouraged to discuss potential viewpoint topics with the journal's editorial office (circ@circulationjournal.org) prior to submission.

- **Optional clinical commentaries for viewpoints:** Viewpoints may, if desired, be accompanied by a commentary of no more than 500 words written by the patient's physician(s). In some cases, the journal may solicit a commentary from an appropriate expert. The commentary should explain what the physician has learned from the patient's case and what lessons it holds for other clinicians.
- **Optional further resources:** If desired, a box may be included identifying useful resources for patients and clinicians such as patient support groups and patient organizations, including web addresses.

Letters to the Editor: Letters to the Editor that pertain directly to an article published in the journal will be considered for publication. A letter must not exceed 500 words and must be limited to 3

authors and 5 references (one reference should be the cited article). Letters cannot include tables or figures. Letters citing unpublished data will not be accepted. Letters must be submitted within 6 weeks of the publication date of the article. Authors of the original article cited in the letter will be invited to reply. Letters to the Editor should be submitted via the online manuscript submission system (<https://circoutcomes-submit.aha-journals.org>). Letters to the Editor concerning American Heart Association statements and guidelines are handled by the AHA. Submission instructions can be found on the [AHA website](#).

Coming Soon in 2021

Article Comment (via Remarq)

Comments should relate to an article recently published in the journal and are not a forum for providing unpublished data. Comments are reviewed for appropriate use of tone and language. Comments are not peer-reviewed. Acceptable comments are posted to the journal website only. Comments are not published in an issue and are not indexed in PubMed. Comments should be no longer than **500 words** and will only be posted online. References are limited to 10. Authors of the article cited in the comment will be invited to reply, as appropriate. To submit a comment, go to the article that you would like to comment on and click the comment icon in the Remarq plugin bar following the abstract/summary.

Comments and feedback on AHA/ASA Scientific Statements and Guidelines should be directed to the AHA/ASA Manuscript Oversight Committee via its [Correspondence](#) page.

Circulation: Cardiovascular Quality and Outcomes

AHA Journals

Arteriosclerosis, Thrombosis, and Vascular Biology (ATVB)

Circulation

Circ: Arrhythmia and Electrophysiology

Circ: Genomic and Precision Medicine

Circ: Cardiovascular Imaging

Circ: Cardiovascular Interventions

Circ: Cardiovascular Quality & Outcomes

Circ: Heart Failure

Circulation Research

Hypertension

Stroke



Stroke: Vascular and Interventional Neurology
Journal of the American Heart Association (JAHA)

Journal Information



About Circ: Cardiovascular Quality and Outcomes
Editorial Board
Reprints
Customer Service and Ordering Information
AHA Journals RSS Feeds
For International Users
Institutions/Librarians FAQ
For Subscribers
Subscriber Help
Wolters Kluwer Privacy Policy

Subjects



All Subjects
Arrhythmia and Electrophysiology
Basic, Translational, and Clinical Research
Critical Care and Resuscitation
Epidemiology, Lifestyle, and Prevention
Genetics
Heart Failure and Cardiac Disease
Hypertension
Imaging and Diagnostic Testing
Intervention, Surgery, Transplantation
Quality and Outcomes
Stroke
Vascular Disease

Features



Special Issues
Patient and Caregiver Viewpoints
Care Innovations
Circ CQO Twitter Journal Club
Data Visualizations

Resources & Education



AHA Guidelines and Statements
Information for Advertisers

For Authors & Reviewers

- Instructions for Authors
- Submission Site
- Author Reprints



**American
Heart
Association®**

National Center
7272 Greenville Ave.
Dallas, TX 75231

Customer Service
1-800-AHA-USA-1
1-800-242-8721

[Local Info](#)
[Contact Us](#)

ABOUT US

- About the AHA/ASA >
- 2016-17 Annual Report >
- AHA Financial Information >
- Careers >
- SHOP >
- Latest Heart and Stroke News >
- AHA/ASA Media Newsroom >

Global Programs >

OUR SITES

American Heart Association >

American Stroke Association >

Professional Heart Daily >

More Sites >

TAKE ACTION

Advocate >

Donate >

Planned Giving >

Volunteer >

ONLINE COMMUNITIES

AFib Support >

Garden Community >

Patient Support Network >

Privacy Policy | Copyright | Ethics Policy | Conflict of Interest Policy | Linking Policy | Diversity | Careers |

Suppliers & Providers | Accessibility Statement | State Fundraising Notices

© American Heart Association, Inc. All rights reserved. Unauthorized use prohibited. The American Heart Association is qualified 501(c)(3) tax-exempt organization.
*Red Dress TM DHHS, Go Red TM; AHA; National Wear Red Day [®] is registered trademark.

